

09-18-00

DISK / A

00/01/60

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**  
*Only for new nonprovisional applications under 37 CFR 1.53 (b)*

Attorney Docket No.	38-21(51376)B	
First Named Inventor or Application Identifier		Corbin, David R.
Title	BACILLUS THURINGIENSIS CHROMOSOMAL GENOME SEQUENCES AND USES THEREOF	
Express Mail Label No.	EK016827222US	

**APPLICATION ELEMENTS***See MPEP chapter 600 concerning utility patent application contents*

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (Form PTO-1082) <i>(Submit an original and a duplicate for fee processing)</i>	6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i>
2. <input checked="" type="checkbox"/> Specification [Total Pages 312]	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
<ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R and D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claims</li> <li>- Abstract of the Disclosure</li> </ul>	
3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <span style="border: 1px solid black; padding: 2px;">  </span> ]	8. <input type="checkbox"/> Assignment Papers (cover sheet document(s))
4. Oath or Declaration [Total Pages <span style="border: 1px solid black; padding: 2px;">  </span> ]	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
a. <input type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i>	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	12. <input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Two) <i>(should be specifically itemized)</i>
	14. <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, status still proper and desired
	15. <input type="checkbox"/> Certified Copy of Priority Document (s) <i>(if foreign priority is claimed)</i>
	16. <input type="checkbox"/> Other:

\*NOTE FOR ITEMS 1 and 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §1.28).

**If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**17.  Continuation  Divisional  Continuation-in-part (CIP) of prior application No:

Prior Application Information: Examiner: Group/Art Unit:

**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or attach Bar Code Label here)</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> Correspondence address below	
NAME Timothy K. Ball, PhD		
ADDRESS Patent Department, E2NA; Monsanto Company, 800 N. Lindbergh Boulevard		
CITY St. Louis	STATE Missouri	ZIP CODE 63167
COUNTRY US	TELEPHONE (314) 737-7387	FAX (314) 737-6047
Name (Print/Type) Timothy K. Ball, PhD	Registration No. 42287	
Signature Timothy K. Ball, PhD	Date: Sept. 15, 2000	

Burden Hour Statement. This form is estimated to take 2 hours to completed. Time will vary depending on the needs of the individual cases. Any comments on the amount of time you required to completed this form should be sent to the Office of Assistance Quality and Enhancement Division, Patent and Trademark Office, Washington, DC 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget (Project 0651-0037), Washington, DC 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

by Jian S. Zhou (Reg. No. 41,422)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

## for FY 1999

Patent fees are subject to annual revision.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees **must** be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 1,906.00)

## Complete if Known

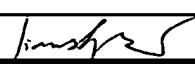
Application Number	
Filing Date	
First Named Inventor	David R. Corbin
Examiner Name	To Be Assigned
Group / Art Unit	
Attorney Docket No.	38-21(51376)B

USPTO  
09/15/00  
1C925  
13-4125  
66379

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																																																			
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <b>13-4125</b></p> <p>Deposit Account Name _____</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$ 690.00)</td> <td colspan="4">SUBTOTAL (3) (\$ 130.00)</td> </tr> <tr> <td colspan="4"> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>50</td><td>-20* = 30</td><td>x 18</td><td>= 540</td></tr> <tr><td>10</td><td>-3* = 7</td><td>x 78</td><td>= 546</td></tr> <tr><td colspan="3">Multiple Dependent</td><td>= 0</td></tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see below</p> <p>Large Entity Small Entity</p> <table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td></tr> </tbody> </table> <p>Reduced by Basic Filing Fee Paid</p> </td> </tr> <tr> <td colspan="4">SUBTOTAL (2) (\$ 1,086.00)</td> <td colspan="4">SUBTOTAL (3) (\$ 130.00)</td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	380	216	190	117	870	217	435	118	1,360	218	680	128	1,850	228	925	119	300	219	150	120	300	220	150	121	260	221	130	138	1,510	138	1,510	140	110	240	55	141	1,210	241	605	142	1,210	242	605	143	430	243	215	144	580	244	290	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	760	246	380	149	760	249	380	Other fee (specify) _____				Other fee (specify) _____				SUBTOTAL (1) (\$ 690.00)				SUBTOTAL (3) (\$ 130.00)				<p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>50</td><td>-20* = 30</td><td>x 18</td><td>= 540</td></tr> <tr><td>10</td><td>-3* = 7</td><td>x 78</td><td>= 546</td></tr> <tr><td colspan="3">Multiple Dependent</td><td>= 0</td></tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see below</p> <p>Large Entity Small Entity</p> <table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td></tr> </tbody> </table> <p>Reduced by Basic Filing Fee Paid</p>				Total Claims	Extra Claims	Fee from below	Fee Paid	50	-20* = 30	x 18	= 540	10	-3* = 7	x 78	= 546	Multiple Dependent			= 0	Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	103	18	203	9	102	78	202	39	104	260	204	130	109	78	209	39	110	18	210	9	SUBTOTAL (2) (\$ 1,086.00)				SUBTOTAL (3) (\$ 130.00)			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																																																																																				
105	130	205	65																																																																																																																																																																																				
127	50	227	25																																																																																																																																																																																				
139	130	139	130																																																																																																																																																																																				
147	2,520	147	2,520																																																																																																																																																																																				
112	920*	112	920*																																																																																																																																																																																				
113	1,840*	113	1,840*																																																																																																																																																																																				
115	110	215	55																																																																																																																																																																																				
116	380	216	190																																																																																																																																																																																				
117	870	217	435																																																																																																																																																																																				
118	1,360	218	680																																																																																																																																																																																				
128	1,850	228	925																																																																																																																																																																																				
119	300	219	150																																																																																																																																																																																				
120	300	220	150																																																																																																																																																																																				
121	260	221	130																																																																																																																																																																																				
138	1,510	138	1,510																																																																																																																																																																																				
140	110	240	55																																																																																																																																																																																				
141	1,210	241	605																																																																																																																																																																																				
142	1,210	242	605																																																																																																																																																																																				
143	430	243	215																																																																																																																																																																																				
144	580	244	290																																																																																																																																																																																				
122	130	122	130																																																																																																																																																																																				
123	50	123	50																																																																																																																																																																																				
126	240	126	240																																																																																																																																																																																				
581	40	581	40																																																																																																																																																																																				
146	760	246	380																																																																																																																																																																																				
149	760	249	380																																																																																																																																																																																				
Other fee (specify) _____																																																																																																																																																																																							
Other fee (specify) _____																																																																																																																																																																																							
SUBTOTAL (1) (\$ 690.00)				SUBTOTAL (3) (\$ 130.00)																																																																																																																																																																																			
<p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>50</td><td>-20* = 30</td><td>x 18</td><td>= 540</td></tr> <tr><td>10</td><td>-3* = 7</td><td>x 78</td><td>= 546</td></tr> <tr><td colspan="3">Multiple Dependent</td><td>= 0</td></tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see below</p> <p>Large Entity Small Entity</p> <table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td></tr> </tbody> </table> <p>Reduced by Basic Filing Fee Paid</p>				Total Claims	Extra Claims	Fee from below	Fee Paid	50	-20* = 30	x 18	= 540	10	-3* = 7	x 78	= 546	Multiple Dependent			= 0	Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	103	18	203	9	102	78	202	39	104	260	204	130	109	78	209	39	110	18	210	9																																																																																																																																												
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																																																																																				
50	-20* = 30	x 18	= 540																																																																																																																																																																																				
10	-3* = 7	x 78	= 546																																																																																																																																																																																				
Multiple Dependent			= 0																																																																																																																																																																																				
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description																																																																																																																																																																																				
103	18	203	9																																																																																																																																																																																				
102	78	202	39																																																																																																																																																																																				
104	260	204	130																																																																																																																																																																																				
109	78	209	39																																																																																																																																																																																				
110	18	210	9																																																																																																																																																																																				
SUBTOTAL (2) (\$ 1,086.00)				SUBTOTAL (3) (\$ 130.00)																																																																																																																																																																																			

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Jian S. Zhou	Registration No. (Attorney/Agent)	41,422	Telephone	314-694-8908	
Signature					Date	Sept. 15, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

JC925 U.S. PTO  
09/663779  
09/15/00



In re application of:

**David R. Corbin et al.**

Appln. No.: To Be Assigned

Filed:

For: ***Bacillus thuringiensis Chromosomal  
Genome Sequences and Uses thereof***

Art Unit: To Be Assigned  
Examiner: To Be Assigned  
Atty. Docket: 38-21(51376)B

I hereby verify this transmittal together with the patent application referred to below is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 Express Mail Label No. EKO16827222US on the date indicated and is addressed to:  
Commissioner for Patents, Washington, D.C. 20231

**Jian S. Zhou** Registration No. 41,422



Date: Sept. 15, 2000

**TRANSMITTAL OF NON-PROVISIONAL PATENT APPLICATION**

Commissioner for Patents  
Washington, D.C. 20231

***Box Patent Application***

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the complete patent application of :

**BACILLUS THURINGIENSIS CHROMOSOMAL GENOME SEQUENCES AND USES THEREOF**

Inventors: **David R. CORBIN**  
**Thomas M. Malvar**  
**Hridayabhiranjan Shukla**

The following documents are forwarded herewith for appropriate action by the U.S. Patent and Trademark Office:

1. Utility Patent Application Transmittal (PTO/SB/05);
2. Form PTO-1082 (in duplicate);

3. U.S. Utility Patent Application entitled:

**BACILLUS THURINGIENSIS CHROMOSOMAL GENOME SEQUENCES  
AND USES THEREOF**

and naming as inventors:

David R. CORBIN, Thomas M. MALVAR, and Hridayabhiranjan SHUKLA  
the application consisting of:

a. A specification containing:

(i) 304 pages of a description prior to the claims;  
(ii) 7 pages of claims (50 claims); and  
(iii) a one (1) page abstract;

4. A CD-ROM containing the Sequence Listing;

5. Petition to Suspend Sequence Rules (in duplicate); and

6. Two (2) return postcards.

It is respectfully requested that the two attached prepaid postcards be stamped with the filing date and unofficial application number and returned as soon as possible.

Respectfully submitted,



Timothy K. Ball, PhD Esq (Reg. No. 42,287)  
Jian S. Zhou, PhD (Reg. No. 41,422)

Enclosures

Date: Sept. 15, 2000

Patent Department, E2NA  
Monsanto Company  
St. Louis, MO 63167  
Tel: 636-737-7387  
Fax: 636-737-6047